Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-01-2010</u>	Address:	Vehicle Stop
Case #:	<u>221/46</u> 72 <u>4</u>		750 E @ SR 8
County:	Noble		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operation Chemic Dumpsi	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☑ Vchicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): trunk			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): back seat			
Corrosive Acid: trunk			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report	t is to be faxed to the following agen	cies that serve the l	ocation:
Fire Depart	ment: Albi <u>on</u>	Fax: <u>636-6</u>	
Health Department: Noble Co		Fax: <u>63621</u> 1/ax: <u>636-3</u>	
Child Prote	ction Service: Noble Co		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>D. Host</u> etler Phone <u>800-552-0976</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sont to the Claudestine Laboratory Team Leader for retention.